

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022297
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 153

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | | |
|---|----------------------------------|---|---|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Maryville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 321 1/2 West 4th | | | Length of stay in 1b 39 yrs. | | d. STREET ADDRESS (If outside, give location) 321 1/2 West 4th | | Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last LLOYD ALBERT MYERS | | | | 4. DATE OF DEATH Month Day Year 6 16 59 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 7/2/92 | | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days 66 | IF UNDER 24 HRS. Hours Min. 66 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman & Fieldman | | | 10b. KIND OF BUSINESS OR INDUSTRY Berry Seed Co. | | 11. BIRTHPLACE (City and state or country) Centerville, Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME George A. Myers | | | 13b. MOTHER'S MAIDEN NAME Mary I. Wilson | | | 14. NAME OF HUSBAND OR WIFE Marjorie Farley Myers | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | | | 16. SOCIAL SECURITY NO. 506-01-9902 | | 17. INFORMANT Address Mrs. Marjorie Myers, Maryville, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 min. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4251 | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | | |
| 21. I attended the deceased from 6/16/59 to 6/16/59 and last saw him alive on 6/16/59 . Death occurred at 6:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) M. D. | | | 22b. ADDRESS Maryville, Missouri | | | 22c. DATE SIGNED 6 17 59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 6/19/59 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill | | 23d. LOCATION (City, town, or county) (State) Maryville, Missouri | | | |
| 24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo. | | | 25. DATE RECD. BY LOCAL REG. 6 17 - 59 | | 26. REGISTRAR'S SIGNATURE Beas Holt | | | |

JUN 24 1959

JUL 10 1959

JUL 8 1960
SA

SEP 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.